

2026 Unit Information

Fill in EACH field with the individual assigned and return with your Recharter Packet

Unit Type: _____ Unit Number: _____

REGULAR UNIT MEETING INFORMATION-

Day of the week: _____ Time they start: _____

Frequency of meetings (weekly, bi-weekly): _____

Meeting Location: _____

Address: _____

Recruitment Coordinator:

Name: _____

Email: _____

Product Sale Coordinator:

Name: _____

Email: _____

Program Coordinator:

Name: _____

Email: _____